



Hospital Fiscal Report
State Form 49520 (R2 /7-02)
(Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: COMMUNITY HOWARD REGIONAL HEALTH

City of Hospital: Kokomo

Year Begin: 01/01/2018 (mm/dd/yyyy format)

Year End: 12/31/2018 (mm/dd/yyyy format)

Person Completing the Report: Paul Klassen

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Medicare Provider Number: 15-0007

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$177168765
Outpatient Patient Service Revenue	\$386027969
Total Gross Patient Service Revenue	\$563196734

2. Deductions From Revenue

Contractual Allowance	\$398046699
Other Deductions	\$1096956
Total Deductions	\$399143655

3. Total Operating Revenue

Net Patient Service Revenue	\$164053079
Other Operating Revenue	\$8632250
Total Operating Revenue	\$172685329

4. Operating Expenses

Salaries and Wages	\$41263856	Employee Benefits	\$9711955
Depreciation and Amortization	\$6362348	Interest Expense	\$41177

Bad Debt	\$4172998	Other Expenses	\$70117287
Total Operating Expenses	\$131669621		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$41015708	Total Assets	\$176077603
Net Non-operating Gains over Loss	\$349414	Total Liabilities	\$6045794
Total Net Gains	\$41365122		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$289455500	\$241158681	\$48296819
Medicaid	\$107669350	\$77194826	\$30474524
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$166071884	\$80790148	\$85281736
Total	\$563196734	\$399143655	\$164053079

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$0	\$0

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss

Research	\$0	\$0	\$0
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Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$0	\$0
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	\$0
Number of Hospital Patients Educated	\$0
Number of Citizens Exposed to Health Education Messages	\$0

Statement Six: Charity Statement

Hospital Charity Charges	\$1096956
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$215912	
HCI Payments	\$0		
Subtotal	\$0	\$215912	\$-215912
Medicaid Shortfalls	\$22852703	\$30474524	
Subtotal	\$22852703	\$30690436	\$-7837733
DSH Payments	\$7,621,821		
Subtotal	\$30474524	\$30690436	\$-215912
Medicare Shortfalls	\$48296819	\$57022734	
Other Government Programs	\$0	\$0	
Total	\$78771343	\$87713170	\$-8941827

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$0	\$0
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

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